

Kentucky Medicaid MCO Prior Authorization Request Form

Check the box of the MCO in which the member is enrolled		
<input type="checkbox"/> Aetna Better Health of Kentucky	<input type="checkbox"/> UnitedHealthcare Community Plan	<input type="checkbox"/> Humana Healthy Horizons in Kentucky
<input type="checkbox"/> Passport by Molina Healthcare	<input type="checkbox"/> WellCare of Kentucky	<input type="checkbox"/> Anthem Blue Cross Blue Shield

Requesting Provider _____ Phone _____
 NPI # _____ Fax # _____

Not all plans require PAs for the same services. Check with the plan before submitting

Please complete all appropriate fields

Failure to provide sufficient information will result in a delay in your request

Date _____ Time Faxed/Emailed _____

Type of Request

- Urgent is defined as ‘significant impact to health of member’ Non-Urgent
 Pre-Service Post-Service Concurrent Emergent

Member Information

Member Name _____ Medicaid ID # _____ MCO ID# _____
 Date of Birth _____ Is member Pregnant? Yes No
 Member’s PCP _____ Phone _____ NPI _____
 Work-related injury? Yes No Motor Vehicle Accident related injury? Yes No

Servicing Provider Information

Servicing Provider _____ NPI _____ Tax ID# _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax# _____
 Are any supporting documents included? Yes No Number of Documents _____

Servicing Facility

Address _____ NPI _____ Tax ID# _____
 City _____ State _____ ZIP _____
 Phone _____ Fax # _____

Type of Service

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> EPSDT | <input type="checkbox"/> Medical Care - Inpatient | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Behavioral Health - Inpatient | <input type="checkbox"/> Gastric By-pass | <input type="checkbox"/> Medical Care - Outpatient | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Home Health | <input type="checkbox"/> Observation | <input type="checkbox"/> Surgical - Inpatient |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Hospice | <input type="checkbox"/> OT/PT/ST | <input type="checkbox"/> Surgical - Outpatient |
| <input type="checkbox"/> DME Purchase | <input type="checkbox"/> Inhalation Therapy | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> DME Rental | <input type="checkbox"/> Maternity | <input type="checkbox"/> Private Duty Nursing | <input type="checkbox"/> Vision/Optometry |
| <input type="checkbox"/> OTHER | | | |

Clinical Information: Request MUST include medical documentation to be reviewed for medical necessity

Does member have other insurance? Yes No Insurer _____ Medicare? Part A Part B

Primary ICD-10 Code _____ Description _____

Dates of Service		Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits
Start	Stop				

Additional Information: _____

This form completed by _____ Phone # _____

MCO Prior Authorization Phone Numbers

ANTHEM BLUE CROSS BLUE SHIELD KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
Physician Administered Drug Prior Authorization	1-855-661-2028	1-800-964-3627 1-844-487-9289 To submit electronic prior authorization (ePA) requests online, www.availity.com
Dental (DentaQuest)	1-800-508-6787	1-262-834-3589 www.dentaquestgov.com
Vision (EyeQuest)	1-844-870-3978	1-888-696-9552 www.eye-quest.com
Radiology (AIM)	1-800-714-0040	www.providerportal.com
Behavioral Health	1-855-661-2028	Outpatient 1-888-881-6283 Inpatient 1-888-881-6272

AETNA BETTER HEALTH OF KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
Medical Prior Authorization (Including physician administered drugs)	1-888-725-4969	1-855-454-5579
Concurrent Review	1-888-470-0550, Opt. 2	1-855-454-5043
Retro Review	1-888-470-0550, Opt. 8	1-855-336-6054
Behavioral Health	855-300-5528, options *, 3, 1, 5	1-855-301-1564
Dental (Avesis)	1-855-214-6776	
Pain Management (eviCore)	1-888-584-8742	
Radiology (eviCore)	1-888-693-3211	1-888-693-3210
Vision (Avesis)	1-855-214-6776	
SKY Medical Prior Authorization	1-888-725-4969	1-833-689-1422
SKY Medical Concurrent Review	1-888-470-0550, Opt. 2	1-833-689-1423
SKY Behavioral Health	855-300-5528, options *, 3, 1, 5	1-833-689-1424
Psychological and Neurological Testing	855-300-5528, options *, 3, 1, 5	1-844-885-0699

HUMANA HEALTHY HORIZONS IN KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
Authorizations for Medical and BH Services through Humana	1-800-444-9137	1-833-974-0059
Dental (Avesis)	1-888-211-0059	
Vision (Avesis)	1-844-511-5760	
High Tech Radiology (eviCore)	1-866-672-8115	1-800-540-2406
New Century Health for oncology agents for 18 years old and above	1-855-427-1372	
Medications Administered in Provider Office	1-866-461-7273	1-888-447-3430
Chiropractic Services	1-855-800-9804	1-888-492-1025

PASSPORT HEALTH PLAN BY MOLINA

DEPARTMENT	PHONE	FAX/OTHER
Medical, Behavioral Health, Substance Use, Inpatient & Outpatient	1-800-578-0775	1-833-454-0641 www.Availity.com
Medical, Behavioral Health, Substance Use Appeals	1-800-578-0075	1-866-315-2572 MHK_Provider_GnA@passporthealthplan.com www.Availity.com
Dental PAs & Appeals (Avesis)	1-866-678-7117	www.avesis.com Pharmacy PAs & Appeals 1-844-795-3508, 1-844-802-1406
Physician Administered Drug PAs	1-800-578-0775	1-844-802-1406
Vision PAs	1-844-516-2724	
Transplant	1-855-714-2415	1-877-813-1206
Cardiology (18 and over)	1-888-999-7713	https://my.newcenturyhealth.com
Radiology/Advanced Imaging CT, MR, PET, etc)	1-855-714-2415	1-877-731-7218

UNITEDHEALTHCARE COMMUNITY PLAN

DEPARTMENT	PHONE	FAX/OTHER
Medical PA	866-633-4449	UHCprovider.com/PAAN
Behavioral Health Inpatient PA	866-633-4449	UHCprovider.com/PAAN
Behavioral Health Outpatient PA	866-633-4449	providerexpress.com
Cardiology PA	866-889-8054	UHCprovider.com/cardiology Select the Go to Prior Authorization and Notification tool
Radiology PA	866-889-8054	UHCprovider.com/radiology Select the Go to Prior Authorization and Notification tool
Oncology PA	888-397-8129	N/A
Dental PA	877-897-4941	UHCdental.com
Genetic and Molecular Lab Testing PA	800-377-8809	UHCprovider.com/genetics Register with BeaconLBS online: BeaconLBS.com
Pharmacy PA	1-866-633-4449	UHCProvider.com/PAAN
Pharmacy Specialty Guidance Program as of 08/01/2022	1-888-397-8129	UHCProvider.com Select 'Prior Authorizations' and 'Specialty Pharmacy Transactions Submissions & Status'

WELLCARE OF KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
All Medical	1-800-389-9457	
Medical PA		1-877-431-0950
Medical Inpatient	1-877-389-9457	1-877-338-2996
Medical Outpatient	1-877-389-9457	1-877-431-0950
DME	1-800-351-8777	1-877-844-8538
Home Health	1-877-389-9457	1-877-338-3660
Prenatal Notifications	1-877-389-9457	1-877-338-3659
Speech Therapy	1-877-389-9457	1-855-620-1871
Behavior Health Inpatient	1-855-620-1861	1-877-338-3686
Behavioral Health OP	1-855-620-1861	1-877-544-2007
Dental (Avesis)	1-855-469-3368	
Vision (Avesis)	1-855-776-9466; 1-855-469-3368	
EviCore	1-888-333-8641	1-855-774-1319
NIA National Imaging Associates	1-866-249-1584	